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A silent epidemic: Groundbreaking study reveals U.S. stillbirth crisis is worse than reported

11/01/2025 // Ava Grace // **230** Views

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thepedsdentist
thepedsdentist I wish I never had to share these words. Our perfect 8 lb baby boy Ara Avanessian Fua was born sleeping on May 12, 2021. At 36 weeks I suffered from an abrupted placenta that caused severe hemorrhage. In labor and delivery nurses and my OB discovered our son no longer had a heartbeat. I had an emergency c-section under general anesthesia because I was in DIC (disseminated intravascular coagulation).
I've never been in so much physical and emotional pain and never wish this upon anyone. Going through postpartum without my baby has been the hardest thing. The only thing keeping my husband and I looking forward to tomorrow being with SJ and our family.
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- A major new study reveals the U.S. stillbirth rate is 6.8 per 1,000 births—significantly higher than the official CDC estimate and showing no improvement for years.
- Over 72 percent of stillbirths occurred in pregnancies with identifiable risk factors, suggesting failures in consistent, high-quality clinical oversight may contribute to preventable losses.
- Alarmingly, over a quarter of stillbirths had no identifiable clinical risk, exposing a critical weakness in the ability of current prenatal care to predict and prevent these tragedies.
- Deep-seated racial and socioeconomic disparities persist, with the stillbirth rate for Black women being more than double the national average for white women.
- The United States ranks poorly among high-income nations, indicating a systemic failure of prioritization and a fragmented healthcare system rather than a lack of resources.

A comprehensive new study published Monday, Oct. 27, in the *Journal of the American Medical Association* (JAMA) finds the rate of stillbirths in the United States is significantly higher than previously known and has shown no improvement for years.

The research, led by investigators from Harvard and Mass General Brigham, analyzed over 2.7 million pregnancies from 2016 to 2022, exposing a tragic reality where one in 150

pregnancies ends in the loss of a baby at 20 weeks or later—a rate that soars even higher among poor and minority communities. This new data challenges official government estimates and demands a sober reckoning with why a nation that leads the world in medical innovation tolerates such a devastating and often preventable outcome for its most vulnerable citizens.

The study identified 18,893 stillbirths within its extensive dataset, which was compiled from commercial health insurance claims and demographic sources. This translates to a rate of 6.8 stillbirths per 1,000 births, a figure that starkly exceeds the *Centers for Disease Control and Prevention*'s (CDC) longstanding national estimate of 5.7 per 1,000, or about one in 175 births. This discrepancy suggests that the scope of this family tragedy has been systematically understated for years, masking the true scale of a crisis that affects nearly 21,000 families annually.

A crisis of risk and responsibility

A deep dive into the clinical data reveals a complex picture. The research confirmed that a majority of stillbirths—over 72 percent—occurred in pregnancies with at least one identifiable risk factor. These include conditions like chronic high blood pressure, diabetes, obesity and substance use, as well as fetal issues like growth restriction or congenital anomalies. For these cases, established medical guidelines call for increased monitoring, suggesting that a failure of consistent, high-quality clinical oversight may be a contributing factor in many preventable losses.

"Stillbirth is the death of an infant in the womb after at least 20 weeks of pregnancy," explained *BrightU.AI*'s Enoch. "It is a devastating event that profoundly impacts families. The primary cause is often placental insufficiency, which deprives the fetus of oxygen during labor and delivery."

The puzzling and alarming "no-risk" stillbirths

Perhaps the most challenging finding for modern obstetrics is that over a quarter of all stillbirths occurred with no identifiable clinical risk factor. This percentage grows alarmingly as pregnancies reach full term, with a staggering 40.7 percent of stillbirths at 40 weeks or beyond happening in what were considered low-risk pregnancies. This exposes a critical weakness in current prenatal care models, which rely heavily on identifying known risks early. It suggests that the medical community's ability to predict and prevent tragedy at the end of a seemingly healthy pregnancy is far more limited than previously understood.

The study lays bare deep-seated socioeconomic and racial disparities that official statistics have long noted but failed to rectify. In low-income areas, the stillbirth rate jumps to one in 112 births. In communities with a higher proportion of Black families, the rate is an appalling

one in 95—more than double the national average for white women. These figures point to systemic failures that transcend simple access to a hospital, as the study found no strong link between stillbirth rates and rural residence or local access to obstetric care.

A national embarrassment on the world stage

This domestic crisis is magnified when viewed in a global context. The United States lags dismally behind other developed nations, ranking 25th out of 49 high-income countries in its stillbirth rate. While European nations have successfully driven their rates down over the past decade, America's figures have remained stubbornly and unacceptably high. This is not a matter of a lack of resources but appears to be a failure of will, prioritization and a fragmented healthcare system that too often allows vulnerable mothers and babies to fall through the cracks.

From a conservative perspective that values life, fiscal responsibility and accountability, these findings are a call to action. They reveal a crisis where preventable loss of life is met with inadequate data collection and a lack of focused research. The solution requires more than just increased government spending; it demands a cultural shift within the medical establishment toward greater rigor in prenatal care, a commitment to addressing the root causes of health disparities in at-risk communities and a national imperative to protect the most vulnerable among us. The truth, now laid bare by this rigorous study, is that thousands of silent tragedies are occurring every year and a nation that claims to cherish life must do better.

Watch this report on stillborn babies.

This video is from the Thrivetime Show channel on *Brighteon.com*.

Sources include:

TheEpochTimes.com

BioEngineer.org

ScientificEnquirer.com

BrightU.ai

Brighteon.com

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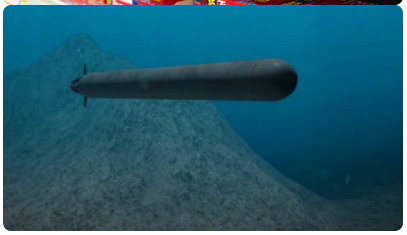

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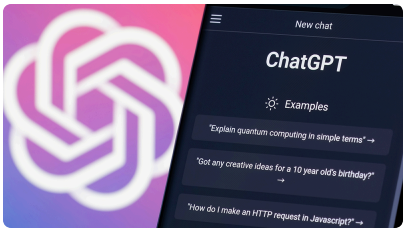
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